

**SHIELDS For Families Project, Inc.**  
**Expansion and Enhancement of Substance Abuse Treatment and HIV/AIDS Services for Substance**  
**Abusing Women and Children in South Central Los Angeles**  
**Los Angeles, California**  
**TI14497**

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**B&D ID**

30502

## **PROJECT DESCRIPTION**

**Expansion or Enhancement Grant**—Enhancement and Expansion

**Program Area Affiliation**—Reducing Disparities, Women and Children

**Congressional District and Congressperson**—California 37, Juanita Millender-McDonald

**Public Health Region**—IX

**Purpose, Goals, and Objectives**—The purpose of the proposed project is to expand and enhance the Healthy Start Program to target pregnant women, and women with children of any age, who are high risk for HIV/AIDS. The outreach component is considered the major link to enhancing the possibilities of reaching isolated women. Specific goals are delineated. Goal 1 is to expand services to meet the needs of the target population. Goal 2 is to improve availability of substance abuse and HIV/AIDS services in the target area. Goal 3 is to improve the health and mental health outcomes of project participants. (pages 5–6, 9)

**Target Population**—On an annual basis, at least 200 substance-abusing pre- and postpartum pregnant women and children who are African American and Latinas and who live in South Central Los Angeles. (pages 4–5)

**Geographic Service Area**—Persons living in South Central Los Angeles. (pages 4–5)

**Drugs Addressed**—All non-intravenous and intravenous substances and alcohol. (abstract; page 11)

**Theoretical Model**—The rationale for the enhanced and expanded substance abuse and HIV services program is based on the experience and evaluation results of the SHIELDS program. Additional research and literature in the field of substance abuse treatment and HIV/AIDS services guide the program approach used in this program. The SHIELDS program has been cited as a best practice model for women and children by the California State Legislature, the California State Department of Alcohol and Drug Program, the Children’s Defense Fund, the California Institute of Mental Health, the Abandoned Infants Association, and the National Health Policy Institute. The SHIELDS program has been replicated in Kentucky, Oklahoma, and Oakland, California. The SHIELDS program has received multiple awards and recognition for successful service outcomes including the C. Everett Koop Award, the International ATHENA Award, and a special recognition from the White House Office of National Drug Control Policy. (pages 11–15)

**Type of Applicant**— Non-profit organization (cover page)

## **SERVICE PROVIDER STRUCTURE**

**Service Organizational Structure**—The primary service organization is SHIELDS for Families, Inc., a comprehensive non-profit community-based organization serving families residing in South Central Los Angeles. SHIELDS has more than 10 years of experience in providing a continuum of comprehensive services to entire families. SHIELDS is the largest provider of

treatment services for pregnant and postpartum women with children in South Central Los Angeles. (page 5)

**Service Providers**—SHIELDS is the primary service provider, offering 17 programs that address the needs of entire families. The SHIELDS Healthy Start Program will be the primary service provider for the target population. SHIELDS is also a certified CALWORKS and Medi-Cal provider. SHIELDS will collaborate with Drew University's HIV/AIDS Education and Outreach Program. SHIELDS has a longstanding close working relationship with a variety of agencies whose services and resources will be essential to the target population. Other local service providers such as the Los Angeles County Department of Health Services—Maternal, Child, and Adolescent Health Division; Minority AIDS Project; T.H.E. Women's Clinic; Oasis Clinic; Department of Public Social Services; REI WIC Program, Great Beginnings for Black Babies, LA Care, Los Angeles County Department of Children and Family Services, Los Angeles County Department of Mental Health, Los Angeles County Alcohol and Drug Program Administration, Prototypes, Watts Health Foundation, AIDS Health Foundation, Project Impact, His Sheltering Arms, Mini Twelve Step House, AIDS Project Los Angeles, and the County's Office of AIDS Programs and Policy, will be used as referring agencies based on client needs. (abstract; pages 5–7 and 11–12)

**Services Provided**—The following services will be provided: outpatient day treatment and residential services, HIV/AIDS education, testing, counseling, and referrals and linkages to other service providers. Other services include life skills; educational classes on alcohol and drugs; HIV/AIDS education and outreach; health care; pregnancy and postpartum health care; anger management classes and relapse prevention; mental health services; special-issue groups on grieving and loss, sexual abuse, and family reunification; vocational and educational courses; parenting and child development education; a child development center; therapeutic nursery; after-school youth services; and transportation. (pages 5–13)

**Service Setting**—The primary setting for services is an outpatient setting; however, residential services are also available through the SHIELDS program. (page 5)

**Number of Persons Served**—The SHIELDS program plans to expand the annual capacity by 200 women and children to receive services. (pages 4–5)

**Desired Project Outcomes**—The desired outcomes are detailed in the goals and objectives described above. In summary, these include the expansion and enhancement of substance abuse and HIV/AIDS outreach and treatment for hard-to-reach African American and Latina women and their children. (abstract; page 4)

**Consumer Involvement**—Consumers will be involved in all phases of program development, implementation, and evaluation. A consumer focus group and consumer satisfaction surveys will be implemented. A Consumer Advisory Board will be established to meet monthly to discuss program issues and recommend program changes. Consumers have also been involved in the planning of the current proposal through support letters. A Client Council will also be established that will meet weekly to provide input into all aspects of programming. (page 11)

## EVALUATION

**Strategy and Design**—The program evaluation will consist of both process and outcome evaluations. Quantitative and qualitative data will be collected throughout the life of the

program. The evaluation design is not detailed in the current proposal. GPRA data will be collected at baseline and at 6-month and 12-month follow-ups. (pages 16–19)

**Evaluation Goals/Desired Results**—The project goals and objectives not only delineate treatment goals but also suggest evaluation goals through the specific anticipated outcomes such as increasing the number of hard-to-reach women and children who receive services, increasing successful completion rates, and reducing substance abuse and high-risk behaviors. (page 18)

**Evaluation Questions and Variables**—The process measures will include the amount and type of services received, descriptive characteristics of clients, clients' treatment and risk behavior histories, attendance, successful completion rates, risk factors prevalent among the target population, needs assessment, barriers to successful program implementation, increase in off-site services, successful client tracking, and program costs assessment. A client satisfaction survey will be implemented upon completion of programming. The outcome measures will include all items on the GPRA tool and measures from survey instruments that address program effectiveness in reducing substance abuse, reducing HIV infection, and modifying HIV/AIDS risk behaviors. (pages 16–17)

**Instruments and Data Management**—The GPRA data tool and several sample instruments will be implemented. The sample surveys will target self-empowerment and self-management items, behavior changes, HIV counseling and testing reports, the client satisfaction survey, and a needs assessment instrument. Methods of data collection include surveys, client and staff interviews, focus groups, and observational data. Data analysis is not described in the current program proposal. (pages 16–19)